



HUMAN RESOURCES OFFICE  
TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION

Number: 07-38

7 November 2007

FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) PROGRAM  
12 NOVEMBER 2007– 10 DECEMBER 2007

EXPIRES: 10 DECEMBER 2007

1. This TAAI provides further guidance and information regarding Open Season for the Federal Employees Health Benefits (FEHB) Program.
2. All 2007 FEHB Guides, health plan brochures, and the 2007 premium rates will be available on the OPM website at [www.opm.gov/insure](http://www.opm.gov/insure). New enrollments, changes to current enrollments, and changes to premium conversion elections made during open season will become **effective the first day of the first pay period beginning on or after 1 January 2008 (6 January 2008)**. If you change plans and need medical services before the effective date of your open season enrollment, contact your old plan provider. Please remember that although the new enrollments are not effective until 6 January 2008, the new plan benefits (premiums) are effective 1 January 2008. Between 1 January 2008 and 6 January 2008, your old plan will provide coverage according to the new contract; however, these expenses will count toward your prior year's deductible.
3. Please note the following changes which take effect on 1 January 2008. Check your Plan Code on your latest Leave and Earning Statement (LES) to see if the changes affect your current FEHB Enrollment.

a. PLAN SPLITTING A SERVICE AREA

Health Net of California will split its California service area, code LB, into two service areas (northern California and southern California), resulting in two enrollment codes, LB and LP. The plan's northern California region will retain the current LB enrollment code; however, the plan's southern California region will receive the new LP enrollment code. Current plan enrollees in the southern California region should make a positive enrollment election into enrollment code LP during Open Season.

If enrollees in the plan's southern California region do nothing (do not make a positive enrollment election), they will be automatically enrolled in the original High Option LB enrollment code. They will have to travel to the plan's northern California service area to obtain medical care and receive full benefits from the plan in 2008. Also, the 2008 premiums for the LB codes for the northern California region will be higher than the premiums for the LP codes for the southern California region.

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**PLAN SPLITTING A SERVICE AREA**

Plan Name	General Location	2007 Codes	2008 Codes
Health Net of California	California	LB1, LB2	LB1, LB2 LB4, LB5 LP1, LP2 LP4, LP5

**b. PLANS ADDING A NEW OPTION**

**Enrollees who do not enroll in their plan's new option will automatically remain enrolled in their current option.**

State	Plan Name	New Option	3 Digit Codes
Nationwide	Mail Handlers Benefit Plan Value Option	Value Option	414, 415
California	Health Net of California (North Region)	Standard	LB4, LB5

**c. SERVICE AREA EXPANSIONS WITHOUT NEW ENROLLMENT CODES**

Plan Name	3 Digit Codes	General Location of New Area
Aetna Health Fund (CDHP/HDHP)	221, 222, 224, 225	Entire Butte county
Kaiser California	621,622	City of Temecula and the following zip codes in Riverside county: 92589, 92590, 92591, 92592, 92593
United HealthCare Definity High Deductible Health Plan	E91, E92	Entire counties of Alameda, Alpine, Amador, Calaveras, Contra Costa, El Dorado, Fresno, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Marin, Mariposa, Merced, Mono, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Solano, Sonoma, Santa Barbara, Santa Cruz, Stanislaus, Tulare, Tuolumne, Ventura, and Yellow

**d. PLAN NAME CHANGES**

Plan Name (Old)	3 Digit Codes	Plan Name (New)
United HealthCare Definity High Deductible Health Plan	E91, E92	United HealthCare Insurance Company, Inc.
Government Employees Hospital Association, Inc.	311, 312, 314, 315, 341, 342	Government Employees Health Association, Inc.

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4. The following actions may be taken during Open Season:

- An eligible employee who is not enrolled may enroll in FEHB;
- An eligible employee who enrolls in FEHB may waive participation in premium conversion; **participation in premium conversion is automatic**;
- An enrollee who currently participates in premium conversion may waive participation or if they had previously waived premium conversion, may begin participation;
- An enrollee may change from one plan or option to another, from self only to self and family, or make any combination of these changes; and
- An enrollee may cancel his/her enrollment.

5. Eligible Federal employees who wish to enroll or change their FEHB must complete a Federal Health Benefits Registration Form, Standard Form (SF) 2809. SF 2809 is available on the OPM web site [www.opm/forms](http://www.opm/forms).

6. The new 2007 FEHB premium rates for Health Management Organizations (HMO) are provided as enclosure 1. The new 2007 FEHB premium rates for Fee-for-Service (FFS) plans are provided as enclosure 2.

7. If you have any questions or need assistance, please call Sharon Costello at 916-854-3158, DSN 466-3158, or CAGNET 63158.



STUART D. EWING  
Captain, CA ANG  
Deputy, Human Resources Officer

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## **Non-Postal Premium Rates for the Federal Employees Health Benefits Program**

High Self	621	181.84	190.21	142.66	47.55	2.09	393.99
High Family	622	420.28	439.61	329.30	110.31	5.24	910.61
Standard Self	624	117.58	119.36	89.52	29.84	0.45	254.76
Standard Family	625	271.77	275.88	206.91	68.97	1.03	588.84
California PacificCare of California							
High Self	CY1	165.34	184.91	138.68	46.23	4.90	358.24
High Family	CY2	383.62	429.01	321.76	107.25	11.35	831.18
California UnitedHealthcare Insurance Company, Inc.							
HDHP Self	E91	126.11	165.32	123.99	41.33	9.80	273.24
HDHP Family	E92	276.33	365.60	274.20	91.40	22.32	598.72

**Non-Postal Premium Rates for the Federal Employees Health Benefits Program**

Non-Postal Premium Rates for the Federal Employees Health Benefits Program										
Fee-for-Service Plans (FFS)		2007 Total Biweekly Premium		2008 Biweekly premium rates			2008 Monthly premium rates			
Plan - Option	Enrollment Code	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
APWU Health Plan										
High Self	471	192.11	144.08	48.03	-2.16	416.24	312.18	104.06	-4.69	-8.43
High Family	472	434.37	434.37	325.78	108.59	941.14	941.14	705.86	235.28	-4.43
CDHP Self	474	163.58	155.40	116.55	38.85	354.42	336.70	252.53	84.17	-9.96
CDHP Family	475	368.00	349.60	262.20	87.40	4.60	797.33	757.47	568.10	189.37
Association Benefit Plan										
High Self	421	203.15	145.04	58.11	-3.12	440.16	314.25	125.91	-6.76	-16.05
High Family	422	467.99	467.99	329.30	138.69	-7.41	1013.98	713.48	300.50	
Blue Cross and Blue Shield Service Benefit Plan										
Standard Self	104	199.22	207.19	145.04	62.15	4.85	431.64	448.91	314.25	134.66
Standard Family	105	456.19	474.44	329.30	145.14	10.84	988.41	1027.95	713.48	314.47
Blue Cross and Blue Shield Service Benefit Plan										
Basic Self	111	151.98	156.54	117.41	39.13	1.14	329.29	339.17	254.38	84.79
Basic Family	112	355.98	366.66	275.00	91.66	2.67	771.29	794.43	595.82	198.61
Foreign Service Benefit Plan										
High Self	401	192.64	193.61	145.04	48.57	-2.15	417.39	419.49	314.25	105.24
High Family	402	460.11	460.11	329.30	130.81	-7.41	996.91	996.91	713.48	283.43
GEHA Benefit Plan										
High Self	311	236.51	236.51	145.04	91.47	-3.12	512.44	512.44	314.25	198.19
High Family	312	514.74	514.74	329.30	185.44	-7.41	1115.27	1115.27	713.48	401.79
Standard Self	314	133.11	133.11	99.83	33.28	0.00	288.41	288.41	216.31	72.10
Standard Family	315	302.49	302.49	226.87	75.62	0.00	655.40	655.40	491.55	163.85
GEHA High Deductible Health Plan										
HDHP Self	341	175.76	175.76	131.82	43.94	0.00	380.81	380.81	285.61	95.20
HDHP Family	342	401.44	401.44	301.08	100.36	0.00	869.79	869.79	652.34	217.45
Mail Handlers Benefit Plan										
Standard Self	454	190.60	197.27	145.04	52.23	3.55	412.97	427.42	314.25	113.17
Standard Family	455	425.58	440.47	329.30	111.17	4.78	922.09	954.35	713.48	240.87
Mail Handlers Benefit Plan Consumer Option										
HDHP Self	481	135.22	135.22	101.42	33.80	0.00	292.98	292.98	219.74	73.24

HDHP Family	482	306.42	229.82	76.60	0.00	663.91	497.93	165.98	0.00					
Mail Handlers Benefit Plan	Value Option									New Plan		New Plan		
Standard Self	414	82.02	61.52	20.50	New Plan	177.71	133.28	44.43	-12.18					
Standard Family	415	195.55	146.66	48.89	New Plan	423.69	317.77	105.92	-10.77					
NALC	High Self	321	206.34	145.04	58.80	-5.62	447.07	441.65	127.40					
	High Family	322	440.86	443.30	329.30	114.00	-4.97	955.20	960.48	247.00				
Panama Canal Area Benefit Plan														
High Self	431	172.85	178.04	133.53	44.51	1.30	374.51	385.75	289.31	96.44	2.81			
	High Family	432	360.80	371.62	278.72	92.90	2.70	781.73	805.18	603.89	201.69	5.86		
Rural Carrier Benefit Plan														
High Self	381	230.16	237.07	145.04	92.03	3.79	498.68	513.65	314.25	199.40	8.21			
	High Family	382	468.29	482.34	329.30	153.04	6.64	1014.63	1045.07	713.48	331.59	14.39		
SAMBA														
High Self	441	239.20	253.55	145.04	108.51	11.23	518.27	549.36	314.25	235.11	24.33			
	High Family	442	563.32	597.12	329.30	267.82	26.39	1220.53	1293.76	713.48	580.28	57.18		
Standard Self	444	183.64	183.64	137.73	45.91	0.00	397.89	397.89	298.42	99.47	0.00			
Standard Family	445	419.42	419.42	314.57	104.85	0.00	908.74	908.74	681.56	227.18	0.00			